



FAIRFAX COUNTY

DEPARTMENT OF HEALTH

Division of Environmental Health

10777 Main Street, Suite 100-A
Fairfax, Virginia 22030-6903

Telephone: (703) 246-2510 Fax: (703) 278-8157

TDD: (703) 591-6435

APPLICATION FOR INDIVIDUAL WELL WATER SYSTEM CONTRACTOR'S LICENSE

| | |
|--|---------------------|
| OWNER'S NAME: _____ | |
| COMPANY NAME: _____ | |
| ADDRESS: _____ | |
| CITY, STATE, ZIP: _____ | PHONE: _____ |
| Does hereby apply for a license to install or repair well water supply systems in Fairfax County, Virginia and will perform all work in accordance with the requirements of Chapter 70 of the Fairfax County Code. | |
| SIGNED: _____ | |
| PLEASE PRINT NAME: _____ | |
| FEDERAL TAX ID # _____ | |

| FOR HEALTH DEPARTMENT USE ONLY | |
|---|---|
| LICENSE YEAR: _____ | LICENSE EXPIRES: <u>DECEMBER 31,</u> _____ |
| Index Code: 713107 | |
| Subobject Code: 0448 | |
| New License \$ _____ | Renewal \$ _____ |
| \$1,000 Surety Bond on File in Division of Environmental Health _____ | |
| BOND NUMBER: _____ | |
| APPLICATION APPROVED BY: _____ | DATE: _____ |
| HEALTH DEPARTMENT OFFICIAL | |
| _____ has obtained an annual license and provided a Surety Bond as required by Sections 70-1-7 and 70-1-8 of the Fairfax County Code. | |